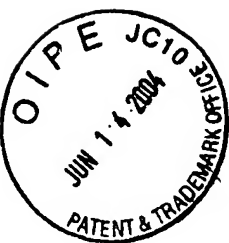


1fw



PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

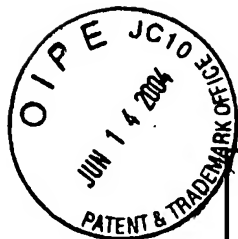
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	10/621,206
		Filing Date	July 15, 2003
		First Named Inventor	James T. KEALEY
		Art Unit	1645
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	4	Attorney Docket Number	300622008800

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (in triplicate) - 3 pages 2. Return Receipt Postcard
<div style="border: 1px solid black; padding: 5px; min-height: 100px;">         Remarks       </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	MORRISON & FOERSTER LLP (Customer No. 25226) Gladys H. Monroy - 32,430
Signature	
Date	June 9, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: June 10, 2004	Signature:  (Thao T. Pham)



PTO/SB/83 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/621,206
Filing Date	July 15, 2003
First Named Inventor	James T. KEALEY
Art Unit	1645
Examiner Name	Not Yet Assigned
Attorney Docket Number	300622008800

Commissioner for Patents  
To: P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.  
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

This request is being made at the request of Kosan Biosciences Incorporated

**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.  
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ Customer Number **OR**☒ Firm or Individual Name **Ted Apple (Townsend and Townsend and Crew)**

Address

**379 Lytton Avenue**

City

**Palo Alto**

State

**California**

Zip

**94301**

Country

Telephone

**(650) 462-5330**

Fax

Name

**Gladys H. Monroy**

Signature

Registration No.

**32,430**

Date

**June 9, 2004**

Telephone No.

**(650) 813-5711**

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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Dated: June **10** 2004

Signature:

(Thao T. Pham)